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UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

May 12, 2006

BATTELLE MEMORIAL INSTITUTE
505 KING AVENUE
COLUMBUS, OH 43201-2693
US

Dear Sir/Madam,

Your refund request for 09758716 in the amount of \$2,550.00 has been denied .

Claims withdrawn cannot be refunded.

Sincerely,

ELEANOR KURTZ
Technical Center Others
703 308-9010 x177

PATENT MAINTENANCE
DIVISION

2006 APR 10 PM 4:12

US PATENT & TRADEMARK
OFFICE**Battelle***The Business of Innovation*505 King Avenue
Columbus, Ohio 43201-2693
(614) 424-6424 Fax (614) 424-5263**PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<i>Group:</i>	3743	)	<i>Serial No.:</i>	09/758,716
<i>Attorney</i>		)	<i>Filed:</i>	January 11, 2001
<i>Docket:</i>	BER-3.5.009/3714 (13395CON)	)	<i>Examiner:</i>	Lewis, Kim M.
<i>Applicant:</i>	Coffee, R. A.)		
<i>Title:</i>	Dispensing Device and Method for Forming Material)		

REQUEST FOR REFUND TO DEPOSIT ACCOUNT 02-1266**VIA FACSIMILE**

Mail Stop 16
Director of the United States Patent and Trademark Office
Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby request a refund of \$2,550.00 charged to Deposit Account 02-1266 in connection with the abovecaptioned Application. The relevant facts are outlined herein below and copies of supporting documents are enclosed.

Facts

On August 23, 2005, Applicant filed an Amendment and Response to a Final Office Action. Included in that Response were 41 total and 18 independent claims designated as Withdrawn. The Response stated Applicant believed no additional claims-related fees were due, but authorized the Office to charge any additional fees to Applicant's counsel's Deposit Account.

On August 28, 2005, Form PTO-875 was entered indicating 60 total claims remaining and 29 independent claims. Included were the 41 total and 18 independent claims designated as Withdrawn, but mistakenly not expressly cancelled. This Form PTO-875 was not discovered by Attorney for Applicant until after January 24, 2006.

On or about December 28, 2005, the Examiner called the undersigned Attorney for Applicant requesting cancellation of the claims designated as Withdrawn so the case could proceed to issue.

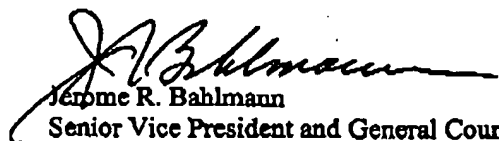
On December 28, 2005, after checking the case file, the Attorney for Applicant left a voice-mail message for the Examiner authorizing cancellation of the indicated claims.

On January 24, 2006, Attorney for Applicant received the enclosed Monthly Statement of Deposit Account informing him of the abovementioned charge. Subsequent investigation by Attorney for Applicant resulted in the discovery (enclosed Form PTO-875) that the claims designated as Withdrawn were, in fact, included in the fee calculation.

Request

Applicant hereby requests a refund of the abovementioned \$2,550.00 charged to Deposit Account 02-1266. Applicant believes the facts laid out herein above describe an extraordinary situation; failure to cancel the indicated claims was inadvertent and the claims were subsequently cancelled as soon as the Attorney for Applicant was made aware of these claims by the Examiner. The Office did not review the indicated claims, nor were they searched or examined.

Respectfully submitted,


Jerome R. Bahlmann
Senior Vice President and General Counsel

PATENT MAINTENANCE
DIVISION

2006 APR 10 PM 4:12

US PATENT & TRADEMARK
OFFICE**Battelle***The Business of Innovation*505 King Avenue
Columbus, Ohio 43201-2693
(614) 424-6424 Fax (614) 424-3263**PATENT APPLICATION*****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

<i>Group:</i>	3743	)	<i>Serial No.:</i>	09/758,716
<i>Attorney</i>)		
<i>Docket:</i>	BER-3.5.009/3714 (13395CON)	)	<i>Filed:</i>	January 11, 2001
<i>Applicant:</i>	Coffee, R. A.)	<i>Examiner:</i>	Lewis, Kim M.
<i>Title:</i>	Dispensing Device and Method for Forming Material)		

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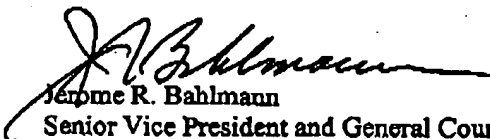
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Respectfully submitted,


Jerome R. Bahlmann
Senior Vice President and General Counsel

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	41	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	53 minus 20=	33
INDEPENDENT CLAIMS	18 minus 3=	15
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	594
X80=	1200
+270=	270
TOTAL	2774

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	=
	Independent	Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	=
	Independent	Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	=
	Independent	Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/158716

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	41	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	53 minus 20 =	33
INDEPENDENT CLAIMS	18 minus 9 =	9
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	50	53	7
Independent	29	18	11
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-475
(Rev. 6/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

SMALL ENTITY
TYPE ☐OTHER THAN
SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	594
X40=		OR	X80=	1200
+185=		OR	+270=	270
TOTAL		OR	TOTAL	9744

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Entered 28 AUG 2005



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

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BATTELLE MEMORIAL INSTITUTE
PATENT ADMINISTRATOR
505 KING AVENUE
COLUMBUS OH 43201-2693

FINA

Account No.	021266
Date	12-30-05
Page	1

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P.O. Box 70541
Chicago, IL 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
12	8	05	10	PAYMENT		9203	✓ -11557.00	14912.00
12	15	05	1	09758716	13395 US	1202	(14) 350.00	14562.00
12	15	05	2	09758716		1201	(22) 2200.00	12362.00
12	19	05	13	10018160		1202	-200.00	12562.00
					BER-3.2 050/4167 (1340) 13401			
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>JAN 24 2006</p> <p>BATTELLE IP LAW DEPARTMENT</p> </div>								
<div style="display: flex; justify-content: space-between;"> AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED OPENING BALANCE TOTAL CHARGES TOTAL CREDITS CLOSING BALANCE </div>								
<div style="display: flex; justify-content: space-between;"> PAGE 7/9 * RCVD AT 4/10/2006 2:09:02 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-6/25 * DNS:2736500 * CSID:614 424 3864 * DURATION (mm:ss):02:24 ENDRAWN </div>								

Claims > 20
ind claims > 3

Index of Claims



08/758,716

Examiner

Kim M. Lewis

Reexamination

COFFEE, RONALD ALAN

Art Unit

3743

✓	Rejected
□	Allowed

-	(Through numeral) Cancelled
+	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date	
Final	Original	Legal	
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PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

11/17/2001 HLE333 00000047 09758716

11 FC:101
12 FC:102
13 FC:103

710.00 OP
1520.00 OP
108.00 OP

independent claims - 19
- check from C4G
total claims - 26
- check from C4G

Adjustment date: 02/20/2001 YGIZAW
01/17/2001 HLE333 00000047 09758716
02 FC:102

1520.00 OP

02/20/2001 YGIZAW 00000016 032317 09758716

01 FC:103
02 FC:102
03 FC:104

220.00 CH
270.00 CH

540.00 OP
980.00 OP

+10 total
\$ 915.20
\$ 440

Adjustment date: 02/22/2001 YGIZAW
11/17/2001 HLE333 00000047 09758716
13 FC:103

-108.00 OP

02/23/2001 YGIZAW 00000009 09758716

01 FC:103

54.00 OP

Repln. Ref: 02/23/2001 YGIZAW 0014053600
DAB:032317 Name/Number: 09758716
FC: 704 654.00 CR

PTO-1556
(5/87)

U.S. GPO: 1999-438-002/10144

Battelle*The Business of Innovation*

Intellectual Property Legal Department
505 King Avenue
Columbus, OH 43201

Date: April 10, 2006

Fax

To: Refunds Branch**Fax No: 571-273-6500****Phone No:****Company: USPTO****From: William B. Richards****Fax No: 614-424-3864****Phone No: 614-424-5612****Total Pages: 9 (Including Lead Sheet)****Re: Application Number: 09/758,716****Filed: 01-11-201****Inventor: Coffee****Title: Dispensing Device and Method For Forming Material****Docket Number: BER3.5.009/3714 (13395CON)****Transmitting the following documents:**

1. Fax cover sheet
2. Transmittal Sheet
3. Request for Refund to Deposit Account
4. Back-up Documentation to Request (5 pages)

PTO/BB/21 (09-04)

Approved for use through 07/31/2008. OMB 0531-0031

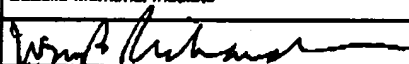
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/758,716	
	Filing Date	01-11-2001	
	First Named Inventor	Coffee, R.A.	
	Art Unit	3743	
	Examiner Name	Lewis, K/M M.	
Total Number of Pages in This Submission	8	Attorney Docket Number	BER-3.5.009/3714 (1339500N)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Refund; Fax Cover Sheet; Back-up to Support Refund Request (5 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Battelle Memorial Institute		
Signature			
Printed name	William B. Richards		
Date	04-10-2006	Reg. No.	44,301

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Judy Readman	Date	04-10-2006

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